

Your New Benefit Amount

SAMPLE

BENEFICIARY'S NAME:

Your Social Security benefit will increase by **3.2%** in 2024 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$1,220.70
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 16, 2023 or if someone else pays your premium, we show \$0.00)	-\$174.70
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2024. If you did not elect withholding as of November 1, 2023, we show \$0.00)	-\$0.00
U.S. Federal tax withholding	-\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 16, 2023, we show \$0.00)	-\$0.00
After we take any other deductions, you will receive the payment you are due for December 2023 on or about January 10, 2024.	\$1,046.00

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

If you still get a paper check, you must visit the Department of the Treasury's website at www.godirect.gov to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us in writing within 60 days from the date you get this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. You must have good reason for waiting more than 60 days to file an appeal. You can go to www.ssa.gov/non-medical/appeal to complete and submit the "Request for Reconsideration" form, SSA-561-U2 online. You may also contact us by phone to request the form or go to our website at www.ssa.gov/forms to locate the form. If you need help with the form, please call us.

Need more help?

1. Visit www.ssa.gov for fast, simple, and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **866-531-7120**.

SOCIAL SECURITY
825 NORTH CREST DRIVE
GRAND JUNCTION, CO 81506

SAMPLE



**Social Security Administration
Benefit Verification Letter**

Date: December 13, 2023

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You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2023, the full monthly Social Security benefit before any deductions is \$1,153.40.

We deduct \$174.70 for medical insurance premiums each month.

The regular monthly Social Security payment is \$978.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third Wednesday of each month.

Information About Past Social Security Benefits

From December 2022 to November 2023, the full monthly Social Security benefit before any deductions was \$1,117.60.

We deducted \$164.90 for medical insurance premiums each month.

The regular monthly Social Security payment was \$952.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Medicare Information

You are entitled to hospital insurance under Medicare beginning November 2014.

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Social Security Administration
Important Information

Date: November 22, 2023
BNC#:

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We review Social Security benefits each year to make sure they keep up with the cost of living. Your Social Security benefits will increase by 3.2% in 2024 because of a rise in the cost of living.

The law requires some people to pay higher premiums for their Medicare Part B (Medical Insurance) and Part D (Prescription Drug Plan) because of their income. These increases in the premiums are called the Income-Related Monthly Adjustment Amounts (IRMAA). Based on your income, you are required to pay IRMAA. We use information from the Internal Revenue Service (IRS) to decide if you will need to pay IRMAA. The information in this letter is for one year only.

How Much You Will Get

This letter explains your benefit amount, your Medicare premiums, your IRMAA, and what you can do if you disagree with our decision or your situation has changed. The information below shows your monthly benefit amount before and after deductions:

- Your new 2024 monthly benefit amount before deductions is: \$2,097.00
- Your 2024 monthly deduction for the Medicare Part B premium is: \$559.00
 - \$174.70 for the standard Medicare premium, plus
 - \$384.30 for the Medicare Part B IRMAA based on your 2022 income tax return
- Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 17, 2024 is: \$1,538.00

If you still get a paper check, you must visit the Department of the Treasury's website at www.godirect.gov to request electronic payments.

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